

FASD

CLINICIAN FACT SHEET

Children with prenatal alcohol exposure who experience behavioral and cognitive challenges

Common Features

- **Physical** - Small palpebral fissures, smooth philtrum, flat/thin upper vermillion, microcephaly, <10th percentile height and/or weight
- **Cognitive** - uneven profile, memory, executive function, global weaknesses, academic and learning impairment, visuospatial reasoning
- **Behavioral** - externalizing behaviors, social difficulties, difficulty learning from consequences, behavioral regulation, attentional problems, adaptive

Several diagnoses to consider:
FAS, ND-PAE, ARND, Other
Specified Neurodevelopmental
Disorder

Why is Diagnosis Important?

The vast majority of children with prenatal alcohol exposure are misdiagnosed or have a missed diagnosis. Many families affected by prenatal alcohol exposure face stigma and are underserved.

Physicians have the opportunity to raise awareness and enable access to much-needed services - all children should be screened and clinicians can work with families to improve outcomes. Delay of diagnosis can result in increased secondary disabilities



1 in 10 pregnant women in US have consumed alcohol in last 30 days, 1 in 33 have had 4+ drinks at once (CDC, AAP)



1-5% of school children have an FASD (May et al., 2018, JAMA)

Points to Emphasize

- This is a chronic brain-based condition, though it can be managed and there are a number of effective interventions that can assist in improving outcomes at home, at school, and in life
- Knowing the diagnosis and underlying deficits can help reframe behaviors and symptoms to reduce stress and increase efficacy of behavioral, cognitive, and social treatments
- Increased self-advocacy and connection to broader communities to gain social support
- Diagnosis can increase ability to take advantage of IEPs at school and provide access to additional state and government services that help both the patient and the family
- Medication management and other psychiatric intervention may vary based on diagnosis

Healthcare Follow-Up

- Pediatric primary clinician helps with continuity and integration of care
- Common Referrals: Early intervention, OT, PT, Speech/Language, parent management training, school-based interventions, psychiatrist and/or developmental pediatrician for medication management, therapist/psychologist, genetics/dysmorphology, behavioral management, neuropsychological assessment, social skills, educational therapist, assessment for comorbidity